

2005 Pre-White House Conference on Aging

June 6, 2005

“Aging Effects Everyone: Tell Your Story”

Convened By:

Benjamin Rose

City of Cleveland Department of Aging

Cuyahoga County Department of Senior and Adult
Services

Fairhill Center

The MetroHealth System

Western Reserve Area Agency on Aging

An Independent Aging Event

On June 6, 2005, six community partners that play an essential role in the aging network of Cuyahoga County and the city of Cleveland, Ohio conducted a Pre-White House Conference on Aging. This conference brought together experts and professionals in the field of aging, politicians, policy makers, and most importantly, senior citizens that wanted their voices heard at the highest level of government. Over 550 participants attended the conference and worked diligently to formulate a number of recommendations to be forwarded to the delegates of the 2005 White House Conference on Aging. Cuyahoga County Commissioners Jimmy Dimora and Peter Lawson Jones and City of Cleveland Mayor Jane Campbell were present to encourage the participants to do their part to help formulate policy in Washington D.C. The Honorable Sherrod Brown, U.S. House of Representatives, Ohio 13th District, was the keynote speaker and shared with the participants the current status of policy issues that affect seniors at the federal level.

Conference participants selected one of five concurrent breakout sessions to identify solutions and develop recommendations for the White House Conference on Aging in December. The sessions were Caregiving; Education, Recreation, and Civic Engagement; Employment and Income Security; Healthcare/Selfcare and Long-Term Care; and Housing. A diverse group of facilitators and experts were present in each session to provide background information and assist with the development of recommendations. The following is a summary report of those recommendations for the 2005 White House Conference on Aging.

CAREGIVING

Family caregiving is an essential component of the long-term care and health systems of the nation. One-third of households is involved in caregiving. If families stopped caregiving, it would add 2% to national health care expenditures. Without support and respite services, the health of caregivers begins to decline. There is higher morbidity and increased prevalence of chronic diseases among caregivers. While there is support for caregivers and care recipients over 60 years of age and under 18, there is no provision in the Older Americans Act to provide respite for caregivers who are caring for relatives between ages 18 and 59. Help is needed for those families that have relatives in their care with developmental disabilities and diseases such as Parkinson's or Multiple Sclerosis.

Recommendations:

1. Double the amount of funding in the Older Americans Act for the National Family Caregiver Support Program in order to assist caregivers to receive more respite services.
2. Create a massive education program, starting with younger people, to ensure that people know how to be a caregiver when the time arrives.
3. Change the status of professional caregivers to increase the supply of this important human resource. Provide living wages and benefits to this vital profession. Support low-cost educational opportunities for home health aides who want to become State Tested Nursing Assistants (STNA).
4. Increase the amount of Medicare supported in-home services after hospitalization.

5. Add services for those kinship caregivers that care for people less than 60 years of age, especially mentally retarded/developmentally disabled (MR/DD) and those with mental health issues.
6. Develop and disseminate information about the cultural needs of caregivers and care recipients.
7. Encourage and support adult day care and assisted living. Subsidize adult day service programs in the form of venture capital to establish them in the community.
8. Publish best practices on aging programs for all communities to replicate.

EDUCATION, RECREATION, CIVIC ENGAGEMENT

Recommendations:

1. The President shall establish an interdepartmental, cabinet level task force, with appropriate new funding, including but not limited to the Departments of Labor, Health, and Human Services, Education, Transportation, and Homeland Security, that will raise public awareness of the importance of lifelong learning and eliminate or minimize barriers to participation for all citizens in lifelong learning programs.
2. Funding should be appropriated to establish and evaluate a variety of community-based demonstration projects that overcome barriers to full participation of older adults in lifelong learning opportunities, whether for employment or personal growth and development.
3. The President shall convene and establish an ongoing interdepartmental task force to eliminate or minimize diverse barriers to participation in vital wellness and socialization programs.
4. Adequate funding should be made available to continue and/or expand the role of senior centers and other community based programs to help maintain and promote wellness.
5. National level attention should be given to addressing the continuing inadequacy of public and privately managed transportation services to meet the needs of older persons.
6. The President shall establish an interdepartmental cabinet level task force, involving all sectors of government, and with appropriate new funding to:
 - Implement a marketing campaign to increase public awareness of opportunities for older persons for volunteer civic engagement and continued and new employment at all levels in non-profit institutions.
 - Provide funding for demonstration projects to improve capacity of non-profits and public institutions to successfully engage diverse older adults in first time and continuing civic engagement and employment.
 - Eliminate or minimize barriers to participation for all citizens in opportunities for civic engagement and continued employment.

EMPLOYMENT AND INCOME SECURITY

Recommendations:

1. *Social Security:* There needs to be adjustments made to Social Security to keep it a viable program, but benefits must continue at the level that older Americans have come to know and rely on and that have lifted them out of poverty.
2. *Medicare:* Medicare is at greater risk of financial insolvency than Social Security and the new prescription drug provision is greatly flawed. It is insufficient, confusing, and punitive to other public benefits and does nothing to address the ever-increasing cost of medications. Congress should negotiate drug prices, look at solvency, develop a more comprehensive bill, establish incentives for preventive care, and consider allowing persons age 55-64 to buy into the program.
3. *Employment:* Government, business and individuals need to begin now to plan for the retirement of Baby Boomers financially, socially, physically, and intellectually. Employers and employees will need to develop creative ways so that they can meet both parties' needs. Offering medical benefits could be one huge incentive. Government needs to establish public policy that encourages work for more financial independence.

HEALTHCARE/SELF CARE AND LONG-TERM LIVING

Recommendations:

1. Encourage economic incentives to support and promote implementation of educational programs aimed at the prevention of long-term care and chronic diseases (e.g. physical and mental health), disease management (e.g. hospice and palliative care), and fund a campaign to distribute community resources.
2. Change Medicare coverage to include:
 - Medically necessary equipment (e.g. lift chairs and wheel chairs)
 - Eliminate review requirements for pre-existing conditions
 - Coverage of advanced medical directives education (e.g. establish hospital billing codes for advance directives and end-of-life education)
 - Establish a sliding fee scale for Medicare coverage for individuals under age 65
 - Coverage of transplant drugs
3. Revise national Medicaid to cover more community based care choices for older adults (e.g. assisted living, PASSPORT, PACE, adult day care).

HOUSING

Recommendations:

1. Provisions for the new Medicare Part D Prescription Drug Program should be amended to prevent any adverse effect on Medicare beneficiaries' food stamp benefits, rent subsidies, and other government benefits.

2. The federal government should develop a set of incentives for the implementation of assisted living in all states through the Medicaid program, with a date for completion for nationwide coverage to be mandated by Congress.
3. The federal government should develop a set of incentives for landlords with expiring agreements for providing low-income housing to keep their housing in the public domain.
4. A pool of funds from national, regional, and local sources should be created to provide free home repairs for low income elderly homeowners, thus allowing them to remain in their own homes.
5. Federal resources should be directed towards prosecuting abusive lenders and home improvement contractors that prey upon and target senior citizens.
6. The federal legislation that ended the oversight of banking and lending practices resulting in predatory abusive lending should be revisited and reevaluated.
7. Lenders should be forced to disclose in plain language the best rate available for senior citizens to help eliminate predatory lending practices.
8. Congress should support consumer friendly legislation that protects senior citizens from unscrupulous practices (e.g. HR 1182 – Prohibit Predatory Lending Act – Miller, Watts, Frank).

A lot of people and a great deal of work was done to put on this Pre-White House Conference on Aging. It is our sincere desire that these recommendations will be used to shape the future of aging policy in this Country in the future.

Convening Committee

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Cyndi Rossi
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Presenters

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